

Milpitas Preschool Registration Form (Fall 2005-Spring 2006)

One Child Per Form • Registration begins Saturday, March 19 (non-residents, April 5)

Participant's Name: First: _____ Last: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Child's Age: _____ Date of Birth: ____/____/____

Mother's Name: _____ Work #: (____) _____ ext. ____ Cell Phone _____

Father's Name: _____ Work #: (____) _____ ext. ____ Cell Phone _____

Legal Guardian: _____ Work #: (____) _____ ext. ____ Cell Phone _____

Class Registration Information (Child must be registered in the appropriate class according to their birthdate.)

Participant may be enrolled in only one class per session.

| | | | | |
|-----------------------------------|------------------------|---------------------|-------------------|---|
| Class Choice (circle 1st choice): | Animal Crackers | KinderKids | Class Fee* | Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <small>*25% of class fee is due at time of registration. Balance can be paid through Payment Plan.</small> |
| Day Choice (circle 1st choice): | M/W T/TH | M/W/F T/TH | \$ | |
| Time Choice (circle 1st choice): | 9:15 am 12:30 pm | 8:30 am 12:15 pm | | |

Credit Card Information: Type of Card: MasterCard VISA Discover Name on Card: _____

Card Number: _____ Exp (M/Y): ____/____ Signature Authorizing Use: _____

Emergency Information

Doctor/Health Plan: _____ Medical Number: _____

Medications: _____ Allergies: _____

Names of Persons Authorized (*other than parents*) to take child from the facility: (This child will not be allowed to leave with any other person without written authorization from parent or guardian. Please include those with whom your child may carpool. Should there be an emergency, and the child's parent is unreachable, this person will also serve as an emergency contact to whom your child can be released.)

| Name | Phone | Cell Phone | Relationship |
|-------|-------|------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Waiver of Liability

THIS WAIVER LIMITS THE CITY'S LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING. IF YOU HAVE QUESTIONS ABOUT THIS WAIVER, ASK BEFORE SIGNING.

I, _____, declare that I am the parent/legal guardian of _____ ("child").

I hereby agree to allow my Child to participate in the activity designated above ("Activity"). I further agree to indemnify and hold harmless the City of Milpitas, its officers, directors, employees, contractors, agents, and volunteers from all liability for any injury or loss of property that may be suffered by my Child arising out of, or in connection to, the Activity. I agree that this Waiver shall apply to any injury or loss of property suffered by my Child during any transportation that occurs as part of the Activity regardless of whether this transportation is provided by the City or a third party. For purposes of this Waiver, transportation shall include, but not be limited to, the following: City vehicle driven by a City employee; Private vehicle driven by City employee; Private vehicle driven by a third party, including carpools; Walking, bicycling or any other form of non-motorized transportation; Public transportation; Transportation that is contracted by the City from the Milpitas Unified School District or other governmental agency. I further agree that the City of Milpitas may use my name, my Child's name and any photographs, videos, motion pictures or recordings for any promotional or publicity purposes without liability or further obligation to me. I further agree that in the event that I or the person I have designated as the Emergency Contact Person, above, cannot be reached, the City of Milpitas may take whatever action deems necessary in the event that my Child becomes sick or is injured and that this Waiver shall fully apply in such circumstances. BY MY SIGNATURE, I CERTIFY THAT I HAVE READ AND UNDERSTOOD EACH AND EVERY PARAGRAPH OF THIS WAIVER AND HAVE AGREED TO ALL OF ITS PROVISIONS. I FURTHER CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. I FURTHER CERTIFY THAT THE REFUND POLICY HAS BEEN PROVIDED TO ME AND THAT I HAVE READ AND UNDERSTOOD IT.

Signature: _____ Parent ☐ Legal Guardian ☐

Print Name: _____ Date: _____